

3

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION
Duplicate-Record of Proceedings

Employee Henry N. Hoerst Claim No. 107910 OD
Street and No. 10109 Wayne Ave., Woodlawn Date of Injury 6-12-57
City Cincinnati 15, Ohio Manual No. 4233
(State)
Employer The Philip Carey Mfg. Co. Risk No. 1684
Street and No. Wayne Ave. - Lockland
City Cincinnati 15, Ohio
(State)



Total Med. \$50.00

FINDINGS OF FACTS AND MINUTES

Present for Claimant Claimant and Mr. Brady for AFL-CIO.
(Address)
Present for Employer L.A. Obenshain and L.A. Peckstein.
(Address)

ID:AMC On this day the above numbered claim, together with the proof on file, was presented to the Bureau, considered and a finding was made as follows:

It is the finding of the Administrator that proof of record shows that statutory requirements are satisfied herein for jurisdiction of this claim involving asbestosis; and further, that claimant is medically permanently and totally disabled because of said disease.

However, the record shows that claimant is still gainfully employed and there is therefore no basis in law for payment of compensation and benefits because of total disability due to disease of the respiratory tract contracted because of injurious exposure to dusts.

It is therefore ordered that the claimant's application filed June 10, 1960 for compensation and benefits because of total disability due to asbestosis, be denied.

20-107910-H

#1-INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Deliver ONLY to addressee ☐ Show address where delivered (Additional charges required for these services)

RETURN RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filed in)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 10-17-60 ADDRESS WHERE DELIVERED (only if requested in item #1)

625-12-71500-1 800

Date Oct. 14, 1960

By

James P. Young
Administrator
Deputy Claims Administrator